

STATE OF CALIFORNIA
DEPARTMENT OF PESTICIDE REGULATION
**COMMODITY FUMIGATION USE
MONITORING INSPECTION REPORT**

PR-ENF-105 (REV. 03/25)
PAGE 1 OF 2

- ☐ COMPLETE
- ☐ PARTIAL
- ☐ FOLLOW-UP INSPECTION

ORIGINAL INSP. # _____

INSPECTING COUNTY _____

FIRM INSPECTED			FIRM MAILING ADDRESS		
PERSON INSPECTED			SUPERVISOR		INTERVIEWED
PROPERTY OPERATOR			BUSINESS TYPE		PERMIT / OPERATOR ID #
PROPERTY LOCATION / SITE ID			CITY		BUSINESS LICENSE #
			<div><input type="checkbox"/> Property Operator</div> <div><input type="checkbox"/> Pest Control Business</div>		
ADJACENT ENVIRONMENT	N		LICENSE NUMBER	TELEPHONE NUMBER	
			COMMODITY / SITE <div><input type="checkbox"/> PROD AG</div> <div><input type="checkbox"/> OTHER</div>		
W		E	BUFFER ZONES	DISTANCE	
			FUMIGATION METHOD	WIND	
	S				
HANDLER'S NAME / # INTERVIEWED:		ACTIVITY	PERSONAL PROTECTIVE EQUIPMENT WORN		
PESTICIDE NAME / MANUFACTURER	LABEL REGISTRATION NUMBER	SIGNAL WORD	FORMULATION	RATE	

All Requirements

REQUIREMENTS	SECTION	COMPLIANCE		
		YES	NO	N/A
1. PCB Licensed	11701			
2. PCB Registered in County	11732			
3. Labeling Available at Use Site	6602			
4. Notice of Intent Submitted	6434			
5. Certified Applicator	6406			
6. Complies With Permit Conditions	12973			
7. Labeling - Aeration / Reentry	12973			
8. Labeling - Site/Rate/Buffers/Other	12973			
9. Labeling - PPE	12973			
10. Regulations - PPE	6738			
11. Respiratory Protection	6739			
12. Handler(s) Trained	6724			
13. Emergency Med. Care, Posting	6726			
14. Decontamination Facility	6734			
15. SCBA Worn / Cont. Monitoring / Plan Followed	6780(b)			
16. Accident Response Plan at Worksite	6780(d)			
17. Two Trained Employees	6782(a)			
18. Warning Signs Posted, Required Info	6782(d)			
19. Treated Area / Products Managed	6782(g)			
20. MB and/or Pic - Properly Sealed Space	6453(a)			
21. Accurate Measurement	6604			
22. Protection of Persons / Animals / Property	6614			
23. Equipment Registered - PCB	11732			
24. Equipment Identified - PCB	6630			
25. Containers Secured / Attended	6670			
26. Containers Labeled / Closures	6676			
27. Proper Pesticide Transport	6682			

☐ COMPLETE
☐ PARTIAL
☐ FOLLOW-UP INSPECTION

ORIGINAL INSP. # _____

INSPECTING COUNTY _____

REQUIREMENTS	SECTION	COMPLIANCE		
		YES	NO	N/A
28. Safe Equipment	6742			
29. Pesticide Use Near Schoolsites	6691			
30. Certified Applicator Use Limitations	6404			
31. Employee Communication - RM	6731			

COMPLIANCE ACTIONS:

Cease and Desist Order:	Correct Noncompliance By:
Follow-up Required:	

REMARKS

General Remarks

Requirement Remarks

INSPECTOR (Print Name)	SIGNATURE	TIME AND DATE INSPECTED
INSPECTION ACKNOWLEDGED BY (Print Name)	SIGNATURE	DATE ACKNOWLEDGED

VIOLATION NOTICE ☐ YES ☐ NO

BUSINESS/INDIVIDUAL NAME	LICENSE OR PERMIT #	ROLE